



Requested Disposal Facility: 5081 Conestoga LF PA

Waste Profile #

Severable fill-in form. Restricted printing until all required (yellow) fields are completed.

I. Generator Information

Sales Rep #:

Generator Name: US EPA Region 2 - Barth Smelting Site

Generator Site Address: 59-97 Chapel street

City: Newark

County: Middlesex

State: New Jersey

Zip: 07105

State ID/Reg No:

State Approval/Waste Code:

(if applicable)

NAICS #:

Generator Mailing Address (if different): ☐ 59-97 Chapel street

City: Newark

County:

State: New Jersey

Zip: 7105

Generator Contact Name: Kimberly Staiger

Email:

Phone Number: (732) 452-6415

Ext:

Fax Number:

II. Billing Information

Bill To: American Waste of NJ, LLC.

Contact Name: Ray Veronneau

Billing Address: One American Way

Email: rveronneau@att.net

City: Warren

State: Ohio

Zip: 44484

Phone: (330) 856-8800

III. Waste Stream Information

Name of Waste: tree stumps

Process Generating Waste:

Superfund clean-up of metals impacted soil from former Smelting site

Type of Waste: ☒ INDUSTRIAL PROCESS WASTE ☐ POLLUTION CONTROL WASTEPhysical State: ☒ SOLID ☐ SEMI-SOLID ☐ POWDER ☐ LIQUIDMethod of Shipment: ☐ BULK ☐ DRUM ☐ BAGGED ☒ OTHER:

Estimated Annual Volume: 10 Tons

Frequency: ☒ ONE TIME ☐ ONGOINGDisposal Consideration: ☒ LANDFILL ☐ SOLIDIFICATION ☐ BIOREMEDIATION**IV. Representative Sample Certification**☐ NO SAMPLE TAKEN

Is the representative sample collected to prepare this profile and laboratory analysis, collected in accordance with U.S. EPA 40 CFR 261.20(c) guidelines or equivalent rules?

☒ YES or ☐ NOType of Sample: ☒ COMPOSITE SAMPLE ☒ GRAB SAMPLE

Sample Date:

Sample ID Numbers: see attached

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V. Physical Characteristics of Waste

Characteristic Components		% by Weight (range)	
1. tree stumps		100	
2.			
3.			
4.			
5.			
Color	Odor (describe)	Does Waste Contain Free Liquids?	% Solids
brown	none	<input type="checkbox"/> YES or <input checked="" type="checkbox"/> NO	100
pH:		Flash Point	
5-9		>200 °F	

Attach Laboratory Analytical Report (and/or Material Safety Data Sheet) Including Chain of Custody and Required Parameters Provided for this Profile


Does this waste or generating process contain regulated concentrations of the following Pesticides and/or Herbicides: Chlordane, Endrin, Heptachlor (and its epoxides), Lindane, Methoxychlor, Toxaphene, 2,4-D, or 2,4,5-TP Silvex as defined in 40 CFR 261.33?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain reactive sulfides (greater than 500 ppm) or reactive cyanide (greater than 250 ppm)[reference 40 CFR 261.23(a)(5)]?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain regulated concentrations of Polychlorinated Biphenyls (PCBs) as defined in 40 CFR Part 761?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain concentrations of listed hazardous wastes defined in 40 CFR 261.31, 261.32, 261.33, including RCRA F-Listed Solvents?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste exhibit a Hazardous Characteristic as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does this waste contain regulated concentrations of 2,3,7,8-Tetrachlorodibenzodioxin (2,3,7,8-TCDD), or any other dioxin as defined in 40 CFR 261.31?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this a regulated Radioactive Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this a regulated Medical or Infectious Waste as defined by Federal and/or State regulations?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this waste a reactive or heat generating waste?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Does the waste contain sulfur or sulfur by-products?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No
Is this waste generated at a Federal Superfund Clean Up Site?	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> No
Is this waste from a TSD facility, TSD like facility or consolidator?	<input type="checkbox"/> Yes or <input checked="" type="checkbox"/> No

VI. Certification

I hereby certify that to the best of my knowledge and belief, the information contained herein is a true, complete and accurate description of the waste material being offered for disposal and all known or suspected hazards have been disclosed. All Analytical Results/Material Safety Data Sheets submitted are truthful and complete and are representative of the waste.

I further certify that by utilizing this profile, neither myself nor any other employee of the company will deliver for disposal or attempt to deliver for disposal any waste which is classified as toxic waste, hazardous waste or infectious waste, or any other waste material this facility is prohibited from accepting by law. I shall immediately give written notice of any change or condition pertaining to the waste not provided herein. Our company hereby agrees to fully indemnify this disposal facility against any damages resulting from this certification being inaccurate or untrue.

I further certify that the company has not altered the form or content of this profile sheet as provided by Republic Services Inc.

 Authorized Representative Name And Title (Type or Print)	US EPA Company Name
 USEPA Authorized Representative Signature	12/16/13 Date